eLearning Technology Device OPT-OUT Form

eLearning Technology Device Opt-Out Form
School Name: _____
School Year: _____

Student Name: _____
Grade: _____
Homeroom Teacher: _____

Purpose:
Our school provides technology devices (e.g., Chromebook, laptop, tablet) to support teaching and learning for eLearning days. Parents/guardians have the option to decline the use of a school-issued device for their child. By completing this form, you acknowledge that your child will not be issued a school device for eLearning days and that alternative arrangements for access to technology at home will be the responsibility of the parent/guardian.

Parent/Guardian Acknowledgment:
I understand that by opting out, my child will not be assigned a school-issued technology device for eLearning days. I accept full responsibility for ensuring my child has access to a personal device, if needed, to complete digital assignments outside of school.
I understand that my child will still be expected to meet all academic and technology-related requirements of their courses.
I understand that opting out does not exempt my child from any instructional activities that require the use of technology for eLearning days.

Parent/Guardian Name (Print): _____
Parent/Guardian Signature: _____
Date: _____
Contact Number/Email: _____

School Use Only
☐ Form received and processed by: _____ (Staff Initials/Date)
☐ Student marked as Opt-Out in device assignment records